

## PART B - FEE(S) TRANSMITTAL



Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE **Commissioner for Patents** P.O. Box 1450 Alexandria, Virginia 22313-1450

or <u>Fax</u>

(703) 746-4000

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

Walter H Schneider 21530 Beechwood Road Circleville, OH 43113



Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.

Walter H. (Schneider	(Depositor's name)	
inva- 17 scentile	(Signature)	
10/20/04	(Date)	

	TRADEMARKS			Walter	H. Schneider	(Depositor's name)	
				LINVA	11 samuel	(Signature)	
				10/20/0	04	(Date)	
APPLICATION NO.	FILING DATE	ĺ	FIRST NAMED IN	IVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
09/830,761	06/18/2001	Rolando Barbuco		bucci	1756	2132	
TITLE OF INVENTION: C	ROSS-LINKED HYALUR	ONIC ACIDS AN	D MEDICAL US	ES THEREOF 10/20	6/2004 BABRAHA2 000000	24 09830761	
				01 F	C:1501	1370.00 OP	
APPLN. TYPE	SMALL ENTITY	ISSUE FEE		PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1330		\$0	\$1330	11/12/2004	
EXAMINER		ART UNIT		CLASS-SUBCLASS	7		
WHITE, EVERETT NMN		1623		536-053000			
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).			2. For printing on the patent front page, list (1) the pages of up to 3 registered extent extensions 1 Walter H. Schneide:				
☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
							3. ASSIGNEE NAME AND
PLEASE NOTE: Unless recordation as set forth in	an assignce is identified be 37 CFR 3.11. Completion	elow, no assignce of this form is NO	data will appear T a substitute for	on the patent. If an assignment.	nee is identified below, the d	ocument has been filed for	
(A) NAME OF ASSIGN	EE	(E	) RESIDENCE:	(CITY and STATE OR CO	UNTRY)		
Farmila-Thea Farmaceutici S.		p.A.	Settimo N	Milanese			
Please check the appropriate	e assignee category or catego	ries (will not be pr	inted on the pater	Italy nt); □ individual 💘	corporation or other private gr	oup entity	
4a. The following fee(s) are	enclosed:		. Payment of Fee	` /	•		
Missue Fee			V A check in th	e amount of the fee(s) is en	closed		

- ☐ Publication Fee (No small entity discount permitted) ☐ Payment by credit card. Form PTO-2038 is attached.
  - ☐ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number \_\_\_\_\_\_ (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

☐ Advance Order - # of Copies

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

☐ b. Applicant is not claiming SMALL ENTITY status. Sec, e.g., 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignce or other party in interest as shown by the records of the United States Patent and Trademark Office

(Date)

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.